08211

STATE OF MARYLAND—CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

County Somerset Registration Dist. No. 263

Village or City Nor Kings Creek No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas R. Ames If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward. Princess Anne, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Nov 18-3 1922

7. AGE: Years 17 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset Co

FATHER

13. NAME: Charles D Ames.

14. BIRTHPLACE (city or town) (State or country): Chesapeake Va

MOTHER

15. MAIDEN NAME: Helen Barnes

16. BIRTHPLACE (city or town) (State or country): King Creek

17. INFORMANT (Address): Chas Ames Pr Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place: Pr Anne Md Date: Aug 15, 1939

19. UNDERTAKER (Address): Dale Deshiell Pr. Anne, Md

20. FILED: Aug 15, 1939, Stephen O. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accident Drowning

Date of onset

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G Hurlich M. D.

(Address) Pr Anne Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T) (M)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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SEP 11 19..
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08212

(131)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 268

Village or ~~City~~ Chance No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lee Brown If U. S. Veteran, specify WAR

(a) Residence: No. Chance Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Brown

6. DATE OF BIRTH (month, day, and year) December 11th 1873.

7. AGE Years 65 Months 7 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

FATHER

13. NAME Silas Carter

14. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

MOTHER

15. MAIDEN NAME Lucy Branson

16. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

17. INFORMANT (Address) Rachel Farrington Chance, Md

18. BURIAL, CREMATION, OR REMOVAL Place Chance, Md. Date Aug. 8th, 1939

19. UNDERTAKER (Address) J. Edgar Thomas Accomac, Va

20. FILED Aug 8, 1939 Rosa Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 6th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 3:00 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	6-26-39

Other Contributory Causes of importance:

Chronic Instertial Nephritis	2-15-39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eddie G. Marksman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 213-E

CERTIFICATE OF DEATH

08213

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Crisfield, Md.
City or town Somerset
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: McCready Mem. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 15 days
Stay in this community (yrs., or mos., or days) 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Accomac
City or town Hallwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Prentiss A. Bull

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Bernice May Taylor
6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1896

8. AGE: Years	Months	Days	If less than one day
42	.	.	hrs. min.

9. Birthplace Virginia, Melfa
(Town, county, and state)

10. Usual occupation Postmaster

11. Industry or business

FATHER 12. Name Alfred Bull
13. Birthplace Virginia

MOTHER 14. Maiden name Kathryn Laurence
15. Birthplace Melfa, Va.

16. Informant Mrs. Bernice A. Bull
Address Hallwood, Va.

17. (Burial, cremation, or removal. Which?) Date thereof Sept. 2, 1939 (month) (day) (year)
Cemetery or crematory Drummond Cemetery
Location Temperanceville, Va.

18. Funeral director J. D. Johnson, Inc.
Address Parksley, Va.

19. Sept. 1, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1939, at 10:05 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15, 1939, to Aug. 24, 1939, and that I last saw him alive on Aug. 26, 1939

Immediate cause of death	DURATION
Coronary Embolism	Aug 30 39
Due to Falling Barn.	Aug 15 39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of Aug 15 39
Where did injury occur? On Boat Pocomoke Sound Va.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C Coulbourn M.D. F.A.C.S.
M. D. or other
Address Marion Sta Md Date signed Aug 31 39

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SEP 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (52)

08214

CERTIFICATE OF DEATH

Reg. Dist. No. V61

1. PLACE OF DEATH:
County: Somerset
City or town: Kingston, Md.
(If outside city or town limits, writs RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Kingston, Ward No.
(If outside city or town limits, writs RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anthony Clippinger

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Ida A Clippinger
6 (c) If alive, give age: 75 yrs years

7. Birth date of deceased (mo., day, yr.): May 11 1856

8. AGE:

Years	Months	Days	If less than one day
83	2	11	hrs. min.

9. Birthplace: Cumberland County, Pa
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Solomon Clippinger
13. Birthplace: Pa

MOTHER
14. Maiden name: Eva Gilbert
15. Birthplace: Pa

16. Informant: Mrs Ida A Clippinger
Address: Kingston, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 8 1939 (month) (day) (year)
Cemetery or crematory: Presbyterian
Location: Princess Anne Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Aug 8 1939 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6. 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to Aug 6 1939, and that I last saw h— alive on Aug 6 1939.

Immediate cause of death: Acute Dis of Heart Metastasis in brain

Due to

Due to Carcinoma of R Ear & mastoid

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C Coulbourn M D
M. D. or other
Address: Marion Sta Date signed: Aug 8 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 1 1939
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

08215

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 31-1-21

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur Bennett Cochrane

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife Rosalie Cochrane

B(c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 18 1908

8. AGE: Years 31 Months 1 Days 21 If less than one day ✓ hrs. ✓ min.

9. Birthplace Crisfield, Somerset Co. Md
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business Trucking

FATHER
12. Name A. B. Cochrane
13. Birthplace Delaware

MOTHER
14. Maiden name Amey Coulbourn
15. Birthplace Crisfield Md

16. Informant Tom. Long
Address Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11 1939 (month) (day) (year)

Cemetery or crematory Crisfield

Location Crisfield Md

18. Funeral director John A Bradshaw

Address Crisfield Md

19. Aug. 10 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9th 1939, at 11 05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5th 1939, to Aug 9 1939, and that I last saw him alive on Aug 9 - 1939

Immediate cause of death Acute appendicitis Peritonitis

Due to Suppression of urine

Due to Uremia - acute Cardiac Dislatation

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn M D
M. D. or other

Address Crisfield Md Date signed Aug 10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 2 1939
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08216

STATE OF MARYLAND—CERTIFICATE OF DEATH

(59)

OUTSIDE CORPORATE LIMITS OF

1. PLACE OF DEATH

County Somerset Registration Dist. No. 770

Village or City Newcrupfield Mercedy Hospital No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Collins If U. S. Veteran, specify WAR .....

(a) Residence: No. Westover Md. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larmetsen Collins

6. DATE OF BIRTH (month, day, and year) May 22-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. house work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. hose work

10. Date deceased last worked at this occupation (month and year) 1939 July

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) King Creek Md Somerset

FATHER

13. NAME Charles Deshield

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Ellen Collier

16. BIRTHPLACE (city or town) (State or country) King Creek Somerset Md

17. INFORMANT (Address) Larmetsen Collins Westover Md.

18. BURIAL, CREMATION, OR REMOVAL Place Westover Md cottage grove Date Aug 9, 1939

19. UNDERTAKER (Address) Chas H. Ward Marion Md.

20. FILED 8/9, 1939 Aurelia B. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 6. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 6, 1939

I last saw her alive on Aug 5, 1939; death is said to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Toxemia	Aug 5 39
Diabetes Coma	

Other Contributory Causes of Importance:

Diabetes mellitus	
Diabetic abscess	Aug 1 39
Right Mast + abscess	

Name of operation Drug of abscess Date of Aug 3 39

What test confirmed diagnosis? usual Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) Marion Sta Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
SEP 2 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94E)

08217

Reg. Dist. No. 261

1. PLACE OF DEATH:
County: Somerset
City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 52-7-12

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Near Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Addie Croswell

3. (b) Social Security Number: 213-14-6747

4. Sex: F
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George D Croswell
6(c) If alive, give age: 52 yrs years

7. Birth date of deceased (mo., day, yr.): Jan 10 1887

8. AGE: Years: 52 Months: 7 Days: 12 If less than one day: hrs. min.

9. Birthplace: Near Marion, Somerset Co, Md,
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Emory Waters
13. Birthplace: Kingston Md

MOTHER
14. Maiden name: Mary Henry
15. Birthplace: Kingston Md

16. Informant: George D Croswell
Address: Marion Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 24 1939 (month) (day) (year)
Cemetery or crematory: Kingston
Location: Kingston Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 9/1 1939 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22 1939, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead on my arrival, to 19
and that I last saw h alive on 19

Immediate cause of death: Coronary Emboli

Due to: Acute myocarditis following Heat Exhaustion

Due to

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION: from Aug. 8, 39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Coulbourn M D
M. D. or other
Address: Marion Sta Date signed: Aug 24 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08218

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Seventh St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Seventh St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Lampkin Dennis

3. (b) Social Security Number:

4. Sex: F
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Aug 26 1939
8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.
9. Birthplace: Crisfield Somerset Co Md
(Town, county, and state)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: James Dennis
13. Birthplace: Crisfield Md
MOTHER 14. Maiden name: Indiarell Lampkin
15. Birthplace: Western Shore Va
16. Informant: James Dennis
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 28 1939 (month) (day) (year)
Cemetery or crematory: Lawsonia
Location: Near Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. Aug. 28, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1939, at 6 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 27 1939, to Aug. 28 1939, and that I last saw her alive on Aug. 27 1939.

	DURATION
Immediate cause of death: Premature baby	2 days
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Payton M. D. or other
Address: Crisfield Md Date signed: Aug 30, 1939

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SEP 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Co 08219

Reg. Dist. No. 2-65

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 4th Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland / County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Tyler
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: David Forman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife: Eliza Forman
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 9 ?

8. AGE: Years	Months	Days	If less than one day
About 79	?	?	hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Samuel Forman
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown
15. Birthplace: ?

16. Informant: Edward Forman
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 8 1939 (month) (day) (year)
Cemetery or crematory: Library
Location: Near Marion Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Aug 8 1939 (Date rec'd by registrar) L E Dealing Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18th 1939, to Aug 6 1939, and that I last saw h alive on Aug 4th 1939.

Immediate cause of death: Paralysis
Due to: Organic Heart Disease
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION: 4 Mos / 1 Month

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: L E Dealing M. D. or other
Address: Crisfield Md Date signed Aug 7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1939
ZOOLAU V. S.

08220

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

County Somerset Registration Dist. No. 263

Village or City Mt. Vernon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Susie Groscup

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: femal
4. COLOR OR RACE: whit
5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (write the word): widow

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: William Groscup

6. DATE OF BIRTH (month, day, and year): Dec 21 1857

7. AGE: Years 87 | Months 7 | Days 12 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt. Vernon Somerset

FATHER

13. NAME: George Renshaw

14. BIRTHPLACE (city or town) (State or country): Somerset

MOTHER

15. MAIDEN NAME: Anastasie Barbon

16. BIRTHPLACE (city or town) (State or country): Somerset

17. INFORMANT (Address): Frank Barbon Mt Vernon

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Vernon Date: Aug 16, 1939

19. UNDERTAKER (Address): P M Smith Crime

20. FILED: Aug. 15, 1939. Stephen O. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 13th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from 11/25/34, 19__, to 8/13/39, 19__

I last saw her alive on 8/12/39, 19__; death is said to have occurred on the date stated above, at 5 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arterial sclerosis	11/25/34

Other Contributory Causes of importance:

Chronic Myocarditis	10/1/36

Name of operation: none Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) [illegible] M. D.

(Address) Princess Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

SEP 11 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08221

V. S. No. 1

N. B.—WRITE ... WITH UNFADING INK—THIS IS A PERMANENT RE... every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (8)

County Somerset. Registration Dist. No. 260

Village or City Princess Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stillborn Goldbrook If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 2 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Allen Woolford

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

MOTHER

15. MAIDEN NAME Hannah Goldbrook

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

17. INFORMANT Mary Collins (Address) Princess Md.

18. BURIAL, CREMATION, OR REMOVAL Place Princess Md Date Aug 3, 1939

19. UNDERTAKER Fooks (Address) Princess Md

20. FILED Aug 7, 1939 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 2 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to hava occurred on the date stated above, at ...m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
Other Contributory Causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Natura of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) T. Smith (Not in attendance)

(Address) Dr. Princess Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 8 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

08222

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield (Rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Crisfield

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Naomi Hudson

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife J. E. Hudson

6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years About 75 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace ?? Virginia (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Margaret Cole

15. Birthplace Virginia

16. Informant Mrs. Manie Robertson

Address Crisfield, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 6, 1939 (month) (day) (year)

Cemetery or crematory Mariners

Location Near Crisfield

18. Funeral director John A. Bradshaw

Address Crisfield, Md.

19. Aug. 5, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 2 1939, to Aug. 2 1939, and that I last saw her alive on Aug. 2 1939.

Immediate cause of death Basillary Dysentery — DURATION ?

Due to

Due to

Other conditions Arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sarah M. Payton M.D. M. D. or other

Address Crisfield, Md. Date signed Aug. 11, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08223

(173)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 268

Village or City Chance No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Chance Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Johnson

6. DATE OF BIRTH (month, day, and year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jim Beckett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Elvina Shelton Venton, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Chance Md Date Aug 13, 1939

19. UNDERTAKER (Address) Fred T. Webster Deals Island Md

20. FILED Aug 12, 1939 Rosa Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~, 19 , to , 19~~

~~I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.~~

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage from bullet wounds in back. Death instantaneous

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/10, 1939

Where did injury occur? Chance Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Shot by husband

Nature of injury Bullet wounds in back

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry M. Lankford M. D.

(Address) Princess Anne Md

HARRY M. LANKFORD, M.D. Deputy Medical Examiner Somerset County

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08224

1. PLACE OF DEATH (81)

County Somerset Registration Dist. No. 267

Village or City Dames Quarter No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie D. Jones If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Arbery Jones

6. DATE OF BIRTH (month, day, and year): March 1886

7. AGE: Years 53 | Months 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): March 1938
11. Total time (years) spent in this occupation: 27

12. BIRTHPLACE (city or town): Dames Quarter
(State or country): Somerset Co. Md.

FATHER
13. NAME: Benjamin Jones
14. BIRTHPLACE (city or town): Dames Quarter
(State or country): Som. Co. Maryland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
(State or country)

17. INFORMANT: Arbery Jones
(Address): Dames Quarter, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Dames Quarter Date: Aug 22, 1939

19. UNDERTAKER: Fred T. Webster
(Address): Deals Island Md

20. FILED: Aug 22, 1939 N. S. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938, to Aug. 20, 1939

I last saw her alive on Aug 10, 1939; death is said to have occurred on the date stated above, at 3.00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Progressive Bulbar Paralysis	3.19.38
Other Contributory Causes of importance:	
Myocarditis	5.15.39

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eedore J. Jansman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]Y, WITH UNFADING INK—THIS IS A PERMANENT REC[redacted]very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08225

213-d

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Deals Island No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton N. Jones If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 18, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School boy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (year(s) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wilton Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Holbrook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wilton Jones (Address) Deals Island Md

18. BURIAL, CREMATION, OR REMOVAL Place Chance Md. Date aug 6 1939

19. UNDERTAKER Fred T. Webster (Address) Dedmarsh Md

20. FILED aug 6th, 1939 Rosa Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 5 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date statad above, at 8a m.

The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:

	Date of onset
accidental drowning	
Fell from boat	

Other Contributory Causes of Importanca:

Name of operation ... Dete of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accidant, suicide, or homicida Accident Date of injury 8/5 1939

Where did injury occur? off Deals Island (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, spacify ...

(Signad) Henry M. Lankford, M.D.

(Address) Princess Anne Md

HENRY M. LANKFORD, M.D.
PRINCESS ANNE, MARYLAND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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AUG 11 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08226

1. PLACE OF DEATH (51C)

County Somerset Registration Dist. No. 260

Village or City Alms House - Princess Anne R.F.D. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 2 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Saul Jones If U. S. Veteran, specify WAR ___

(a) Residence: No. Princess Anne R.F.D. St., OK Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Jones

6. DATE OF BIRTH (month, day, and year): unknown

7. AGE: Years 62 yrs. Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: General Labor

10. Date deceased last worked at this occupation (month and year): 6 mos. ago.

11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (city or town) (State or country): Somerset, Co.

FATHER

13. NAME: Horatio Jones

14. BIRTHPLACE (city or town) (State or country): Somerset, Co.

MOTHER

15. MAIDEN NAME: Leah Cottingham

16. BIRTHPLACE (city or town) (State or country): Somerset, Co.

17. INFORMANT (Address): Sam Jones Princess Anne R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place: Home Cemetery Date: 8/15, 1939

19. UNDERTAKER (Address): James D. Dennis Princess Anne, Md.

20. FILED: 8/14, 1939 J. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1939, to Aug. 13th, 1939

I last saw him alive on Aug. 12, 1939; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Prostate Gland — Date of onset: Unknown

Other Contributory Causes of Importance: Metastasis to bladder.

Name of operation: Laparotomy Date of: 7/10/39

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Shea B. Whalley M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and wholesale **merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1932
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-E) CB

08227

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Va. County: Acomac

City or town: Saxis Saxis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Eugene Martin

3. (b) Social Security Number:

4. Sex: M

5. Color or race: M

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): X Feb. 5, 1927

8. AGE: Years: 12 Months: 11 Days: 6 If less than one day: hrs. min.

9. Birthplace: Saxis, Acomac Va.
(Town, county, and state)

10. Usual occupation: School

11. Industry or business: was helping on boat

FATHER
12. Name: Pearson Martin
13. Birthplace: Acomac Co. Va.

MOTHER
14. Maiden name: Inez Chase
15. Birthplace: Acomac Co. Va.

16. Informant: Herman Martin

Address: Saxis, Va.

17. Removal to Saxis Va. Date thereof: 8/16/39
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: Saxis, Va.

Location:

18. Funeral director: J. D. Johnson Inc.

Address: Parksley Va.

19. Aug. 16, 1939 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 16, 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1939, to Aug. 16 1939, and that I last saw him alive on Aug. 16, 1939

Immediate cause of death: Shock

Due to: 3rd degree burn & Explosion Marine

Due to: Engine

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accidental Date of Aug. 15 39

Where did injury occur? Pocomoke Sound Va.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Fire Burn Injured at work? yes

23. SIGNATURE: C. E. Collins
M. D. or other

Address: Crisfield Md. Date signed: 8-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08228

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (23)

County Somerset Registration Dist. No. 268

Village or City Deals Island No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 17 yrs. — mos. — ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Delma Milbourne U.S. Veteran, specify WAR ____

(a) Residence: No. Deals Island St. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Aug 12 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	17	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Deals Island Md

FATHER

13. NAME Alby Milbourne

14. BIRTHPLACE (city or town) (State or country) Deals Island Md

MOTHER

15. MAIDEN NAME Nettie Ballard

16. BIRTHPLACE (city or town) (State or country) Deals Island Md

17. INFORMANT (Address) Alby Milbourne Deals Island Md

18. BURIAL, CREMATION, OR REMOVAL Place Deals Island Date Aug 13, 1939

19. UNDERTAKER (Address) J. Lee Webster Deals Island

20. FILED Aug 17, 1939 Rosa Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 17th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to Aug 12, 1939

I last saw h[er] alive on Aug 10, 1939; death is said to have occurred on the date stated above, at 11:50 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary TB	March 1939
Other Contributory Causes of importance:	

Neme of operation ____ Date of ____

Whet tast confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) D. M. Sheets M. D.

(Address) Deals Island, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08229

183

263

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City Hon. Pr. Anne Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Daniel Moss If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Aug. 20th 1939

7. AGE	Years	Months	Deys	If LESS than 1 dey, hrs. or min.
	1918	11	23	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farming

10. Dete decaasad last worked at this occupation (month and yeer)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (Stata or country) Ohio

MOTHER

15. MAIDEN NAME Anna L. Starks

16. BIRTHPLACE (city or town) (Stata or country) Ohio

17. INFORMANT James D. Moss (Address) Pr. Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Ch. Date Aug 16, 1939

19. UNDERTAKER Dale Dashiell (Address) Pr. Anne Md

20. FILED Aug. 15, 1939 Stephen O. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 13th (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to hava occurred on the date stated ebove, at m.

The **PRINCIPAL CAUSE OF DEATH** end releted ceuses of importance were es follows:

	Date of onset
Accident: Drowning	
Other **Contributory Couses** of Importence:	

Neme of operation Date of

What test confirmed diegnosis? Was thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicida? Data of Injury , 19

Whera did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Wes disease or injury in any wey releted to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-D)

Form 08230

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Road Near Crisfield

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 86 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Crisfeld Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Bowden Sterling

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Emma C McCready

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Feb 4 1853

8. AGE: Years	Months	Days	If less than one day
86	6	23	hrs. min.

9. Birthplace: Near Crisfield Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John N Sterling
13. Birthplace: Near Crisfield Md

MOTHER
14. Maiden name: Harriett B Lawson
15. Birthplace: Near Crisfield Md

16. Informant: George Sterling
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 30 1939 (month) (day) (year)

Cemetery or crematory: Sunny Ridge Cemetery

Location: Near Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Aug. 28, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 27th 1939, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25th 1937, to Aug 27th 1939, and that I last saw him alive on Aug 27th 1939.

Immediate cause of death: Osteosarcoma of Jaw — DURATION: 1 1/2 year

Due to: Following a tooth extraction

Due to:

Other conditions: Prostatism — 10 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. I. Somers M. D. or other

Address: Crisfield, Md Date signed: Aug 30th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08231

Reg. Dist. No. 262

1. PLACE OF DEATH:
County: Somerset
City or town: Cokesbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 2½ mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Virginia County: Accomac
City or town: Withams Va Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Virginia Franklin Taylor

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Geo. W. Taylor
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Apr. 6, 1851

8. AGE: Years: 88 Months: 4 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Acco. Co. Va. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Geo. East
13. Birthplace: Not known
MOTHER
14. Maiden name: Sarah Savage
15. Birthplace: Not known
16. Informant: Mrs. Chas. Gladding
Address: Oak Hall, Va
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 20, 1939 (month) (day) (year)
Cemetery or crematory: Family
Location: Withams, Va
18. Funeral director: Margarette H. Watson
Address: Pocomoke City, Md.
19. Aug 19 1939 (Date rec'd by registrar) Mrs. C. Layton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/18 1939, at 6 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/14 1939 to 8/18 1939, and that I last saw her alive on 8/17 1939.

Immediate cause of death: Acute dilatation of heart. C.W.G.R.
Exhaustion
Due to
Due to: Senile decay
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

DURATION: 2 yr

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: J. M. Wilson M. D.
Address: Pocomoke City Date signed: 8/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.